SOLI	TI	ON OFFE	D V	ND AW	ADD	1. Caption						Page of Pages					
SOLICITATION, OFFER, AND AWARD								Mental Health Services						1 82			
2. Contra	ct Numb	er		3. Solicit	tation Numb	er	4. Туре	of So	olicitati	on	5. Date Iss	red	6. Type	6. Type of Market			
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							Se	aled F	ropos	als (RFP)			Set	Aside			
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							Human Care A			eements							
CFSA-11-I-0001								nergei	ncy		6/21	/2011					
7. Issued	Ву:								8. Add	lress Offer t	0:						
7. Issued	Ву:						iress Offer t	o:									
Contrac	ts and P	rocu	ırement Admini	stration				Contracts and Procurement Administration									
			rvices Agency (•		gency (CFS	•				
			SW, Suite 5200,	North B	uilding Ph:(202) 724	5300 955 L'Enfant Plaza, SW, Suite 5200, 5th Floor, North Building Washington, DC 20024										
Washing	Jion, DC	200	124							ATION	20024						
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9. Sealed	offers in o	origina	al and 2	copies for	r turnishing the	supplies i	or service	es in tr	ie Sche	dule Will be re	eceived at the	place specified	in item 8,	or if hand carrie	e to the		
hid			OSE L'Enfont Diox	S CNA Cui	ita 5200 Eth E	loor North	Duilding		14:00 local time 21-Jul-11								
bid counter located at 955 L'Enfant Plaza, SW, Suite 5200, 5th Floor, N							rth Building until			14:00 (Hour)			(Date)			<u>, </u>	
CAUTION:	CAUTION: Late Submissions, Modifications and Withdrawals: See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in this solicitation.																
10. For A. Name B. Telephone C. E-mail Address													ress				
Information 🐨							ea Code	:)	(Nu	nber)	(Ext)]					
Contact		Pati	atricia Lewis-Miller				202	Т		-7207		patricia.lewis-miller@dc.gov			<u>/</u>		
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X				ecifications/Work Statement			19		Х	J		Attachments				70	
х	D Packaging and Marking					24	1		PART IV - R	EPRESENTATIONS AND INSTRUCTIONS							
Х	E Inspection and Acceptance					25							ions and other				
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Х	Н		Special Contract	Require	ments		33		X	<u> </u>	Evaluation factors for award				01		
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13. Discount for Prompt Payment								20 Galciidai da									
								Nun	nber	Date	Date Amend		nent Number		Date		
14. Acknowledgement of Amendments (The offeror acknowledges receipt of amendments to the																	
SOLICIT			t of amendments	to the													
										16. Name	and Title of	Person Autho	rized to	Sign Offer/Co	ntract		
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Offeror 15B. Telephone 15 C. Check if										17. Signature			18. Offer Date				
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